

www.mass.gov/abcc

LICENSE NUMBER: 036400002		CITY OR TOWN	EASTHAM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PARKER'S SHIPWREC DOING BUSINESS A J LR ADDRESS	K TAVERN &	SPORTS BAR	
CITY/TOWN: EASTHAM S	TATE: MA	ZIP CODE:	02651
MANAGER: PARKER, JAMES TYPE OF C.	LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES: ONE FLOOR WITH DINING ROOM, FOYER STORAGE. EXITS ARE AT THE WEST, SOU BRICK BLDG			
1. the renewed license will be of the sar 2. the licensee has complied with all lar 3. the premises are now open for businesses.	me type for the ws of the Comn	nonwealth relating to	
SIGNED BY Individual, Partner or Au	ıthorized Corpo	rate Officer	
DATE: TELEPHONE NU	MBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	or and the head	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 036400005		CITY OR TOWN EASTHA	AM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: ORLEANS-EA	ASTHAM LODGE OF EL	.KS #2572	
DOING BUSI	NESS A			
ADDRESS MO	CKOY ROAD			
CITY/TOWN:	EASTHAM	STATE: MA	ZIP CODE: 02642	
MANAGER:	BUTILIER, ERNEST	TYPE OF LICENSE: Clul	b CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PRE			
AREA FOR M	IEMBERS AND GUES	STS ONLY, KITCHEN, 2	SSEMBLY ROOM, PRIVAT RESTROOMS BAR AREA AREA ATTACHED TO REAI	AND
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to taxes; an	d
3. the	premises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004,	signed by the building	g inspector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 036400007		CITY OR TOW	N EASTHAN	Л
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	: SOUTH BAY HO'S A SHERATON OC				
CITY/TOWN: EA		STATE: MA	ZIP CODE:	02642	
	VA, TYI QUELINE	PE OF LICENSE:	nnholder	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS		
 the rener the licen 	swear under penalties wed license will be of see has complied with hises are now open for	the same type for the all laws of the Con	nmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are ed by the building in l (2) the certificate of	spector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 0364	400012		CITY OR T	OWN EASTHA	M
APPLICATION FOR REN	VEWAL:	Annual]	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: HOI	LE-IN-ONE, IN	C.			
DOING BUSINESS A FA	ARWAY PIZZE	ERIA			
ADDRESS RTE.6 & MAS	SSASOIT RD				
CITY/TOWN: EASTHA	M	STATE: M	IA ZIP CO	DE: 02642	
MANAGER: WACHT, I P.	DANIEL TYP	E OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WE	BSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMIS	ES:			
ONE FLOOR CONTAINI VINYL DECK PROVIDE				TING FOR 45. SI	EASONAL
I hereby certify and swear	under penalties	of perjury that:			
1. the renewed lice	ense will be of t	he same type for	the same premis	es now licensed;	
2. the licensee has	complied with	all laws of the Co	ommonwealth re	lating to taxes; and	l
3. the premises are	e now open for l	business (If not e	xplain below)		
SIGNED BY					
Indi	vidual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHONE	E NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>I</u>	NOT Individual Social	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building ins	pector and the h	ead of the fire	department for th	ie above
Please Check Below:			LOCAL L	ICENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 036400015		CITY OR TOWN	EASTHAM	I
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME DOING BUSINES	E: TOWN CENTER PA	ACKAGE STOR	E,INC.		
ADDRESS TOWN	N CENTER PLAZA				
CITY/TOWN: EA	ASTHAM	STATE: M	A ZIP CODE:	02651	
MANAGER: PL	UMB, LESLIE A. TYPE	E OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMISE	ES:			
ONE STORY 3 RO AND A SERVICE	OOMS AND REFRIGER DOOR IN REAR	RATOR WITH A	AN ENTRANCE AND	EXIT ON R	ГЕ 6
I hereby certify and	l swear under penalties o	of perjury that:			
1. the rene	wed license will be of the	e same type for t	the same premises now	licensed;	
2. the licer	nsee has complied with a	ıll laws of the Co	mmonwealth relating to	taxes; and	
3. the pren	nises are now open for b	usiness (If not ex	kplain below)		
SIGNED BY					
	Individual, Partner of	r Authorized Co	rporate Officer		
DATE:	TELEBUONE	MIMPED	EMDI OVED	IDENTIFICAT	ION NUMBER:
DITE.	TELEPHONE	NUMBER:	(Note: NOT Ind		
Please Check Below:			LOGAL LIGENS		D ITT
APPROVED:	7		LOCAL LICENS	ING AUTHO	JRII Y
DISAPPROVED:			Ву:		
(If disapproved exp	olain)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0364	100016		CITY OR TOWN	EASTHAM	
APPLICATION FOR REN	IEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		Ţ	YEAR
LICENSEE NAME: EAS	THAM SUPERETT	E,INC			
DOING BUSINESS A					
ADDRESS STATE HWAY	Y & SAMOSET RD				
CITY/TOWN: EASTHAI	M S	TATE: MA	ZIP CODE:	02642	
MANAGER: BROWN, I	DAVID A TYPE OF	F LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:				
ONE STORY WITH SALI STORAGE AREA AND N REAR EXIT					
SIGNED BY	e now open for busin		, 		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI ividual Social Se	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	RITY
DISAPPROVED:			By:		
(If disapproved explain)					
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 036400018		CITY OR TOWN	EASTHAM	I
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	CHARLES F. DOLA	AN			
DOING BUSINESS	A NAUSET MARKE	T			
ADDRESS RTE 6 N	NAUSET ROAD				
CITY/TOWN: EAS	STHAM	STATE: MA	ZIP CODE:	02642	
MANAGER: DOI F.	AN CHARLES TYPE	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS		
	LICENSED PREMISE				
	FACING RTE 6, HAY CONVENIENCE STO				ENTLY
	see has complied with a sises are now open for b Individual, Partner o	usiness (If not expla	in below)	tuxes, and	
	,	·			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 036400021		CITY OR TOWN EASTHA	IVI
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS ADDRESS ROUTE		IQUORS, INC.		
CITY/TOWN: EA		STATE: MA	ZIP CODE: 02642	
		PE OF LICENSE: Pa		: Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	LICENSED PREM THE FIRST FLOOI			
2. the licens	see has complied wit		e same premises now licensed; monwealth relating to taxes; and lain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO:	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 036400025		CITY OR TOWN EASTHA	M
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: FAT MIKE'S	S, INC.		
DOING BUSINI	ESS A RED BARN	1		
ADDRESS OFF	ROUTE 6			
CITY/TOWN:	EASTHAM	STATE: MA	ZIP CODE: 02642	
	ABEID, N. MICHAEL	TYPE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PF			
			E WITH DIVIDED KITCHEN/ D. TOTAL SEATING 80-90 PE	OPLE
	remises are now ope	d with all laws of the Come en for business (If not expl		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, si	gned by the buildi	ing inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Below APPROVED: [DISAPPROVED] (If disapproved e	D:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 036400030		CI	TY OR TOW	N EASTHAM	1
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLA	SS			YEAR
	WILLY'S WORLD A WILLY'S GYM & 'ATE HIGHWAY			ERENCE CEN	TER,LLC	
CITY/TOWN: EAS	STHAM	STATE:	MA	ZIP CODE:	02651	
	GEL, TYF RBARA	PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WI LICENSED PREMIS		YOUR EMAIL	ADDRESS		
 the renew the licens 	swear under penalties wed license will be of see has complied with ises are now open for	the same type all laws of the	for the san	wealth relating		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building ins (2) the certificate of	spector and tl	ne head of	the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)			LOCAL LICEN	NSING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 036400038		CITY OR TOWN EASTH	AlVI
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	BOGUMILA I	B. DUDA		
DOING BUSINESS	A EASTHAM S	SHELL		
ADDRESS 4565 ST	ATE HIGHWAY	Y		
CITY/TOWN: EAS	STHAM	STATE: MA	ZIP CODE: 02642	
MANAGER: DUE BOO	OA, SUMILA M.	TYPE OF LICENSE: P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	EMISES:		
ENTRANCE AND O	ONE FIRE EXIT GERATION UN	DOOR ON LEFT WA NIT, 2 BATHROOMS, O	ESTORE HAS DOUBLE DO LLSTORE HAS AN OFFICI ONE CLOSET, COFFEE	
I hereby certify and s	swear under pena	alties of perjury that:		
1. the renew	red license will b	e of the same type for th	e same premises now licensed;	
2. the licens	ee has complied	with all laws of the Con	nmonwealth relating to taxes; ar	nd
3. the premi	ses are now oper	n for business (If not exp	plain below)	
SIGNED BY	Individual, Par	rtner or Authorized Corp	porate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved explain	 ain)			
· · · · · · · · · · · · · · · · · · ·	• /			
DATE:				



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LICENSE NUMBE	R: 036600002		CITY OR TOW	N EASTHAM	APTON
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PASCOE PIZZA IN	IC.			
DOING BUSINESS	A THE PIZZA HOU	SE			
ADDRESS 66 UNIO	ON ST				
CITY/TOWN: EAS	STHAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: PAS	COE, JAMES TYP	E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMIS				
TWO DINING ROOR ROOM IN CELLAR	OMS ON FIRST FLOOR	OR; OUTSIDE TE	ERRACES FRONT	AND REAR. G	SAME
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of t	he same type for the	ne same premises no	ow licensed;	
2. the licens	see has complied with	all laws of the Cor	mmonwealth relating	g to taxes; and	
3. the prem	ises are now open for l	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	norata Officar		
	marviduar, i armer	or Addiorized Cor	porate Officer		
DATE:	TELEDIJONI	E NHIMDED.	FMPI OY	ER IDENTIFICAT	TION NUMBER:
	TELEPHONI	E NUMBER:		Individual Social S	
					204 0.7
	ed, attest that we are ed by the building ins				
	(2) the certificate of				
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
			_		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	L: 036600003		CITY OR TOWN	EASTHAN	APTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LAVALLE AND L	AVALLE CORP.			
DOING BUSINESS	A THE BRASS CAT	Γ			
ADDRESS 65 COTT	TAGE ST.				
CITY/TOWN: EAS	THAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: LAV	ALLE, TYP HAEL R.	PE OF LICENSE:Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:			
FIRST FLOOR BAR STORAGE IN CELL	/LOUNGE WITH EX LAR	XIT ON COTTAGE	E ST; REAR EXIT O	N MAPLE S	T.
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Com	monwealth relating t	o taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:					
DATE:	TELEPHONI	E NUMBER:			TION NUMBER: security Number)
			(11010: <u>1101</u> IIIC	ividuai Sociai S	recurry (varioer)
Acts of 2004, signed	d, attest that we are I by the building ins (2) the certificate of	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
			-		
DATE:			-		



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LICENSE NUMBEI	R: 036600004		CITY OR TOWN	EASTHAM	IPTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
	WHISKERZ PUB,IN A WHISKERZ PUB	C.			
ADDRESS 071-77 (
CITY/TOWN: EAS	STHAMPTON	STATE: MA	ZIP CODE:	01027	
	NIER, TYPE GENE J. JR.	OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		
	LICENSED PREMISES				
	REA, POOL ROOM, D ANCE TO MAIN FLOO				
I hereby certify and	swear under penalties of	perjury that:			
	ved license will be of the		=		
	see has complied with al		· ·	to taxes; and	
3. the premi	ises are now open for bu	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lic	ector and the hea	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-:-)				
(If disapproved expl	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036600006	(CITY OR TOWN	EASTHAM	PTON			
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13			
	CLASS		•	YEAR			
LICENSEE NAME: GIOVANNI	DANIELE						
DOING BUSINESS A NINI'S RES	STAURANT						
ADDRESS 122-24 COTTAGE ST							
CITY/TOWN: EASTHAMPTON	STATE: MA	ZIP CODE:	01027				
MANAGER:	TYPE OF LICENSE: Resta	urant CA	TEGORY:	All Alcohol			
EMAIL ADDRESS:							
DESCRIPTION OF LICENSED PREMISES: MAIN FLOOR OF THE PREMISES. CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer							
DATE: TELEI	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI				
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head o	of the fire departn	nent for the	above			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	ORITY			
DATE:							



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LICENSE NUMBER: 036600008		CITY OR TOWN	EASTHAMPTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PMB-S, INC.			
DOING BUSINESS A GLORY DAYS			
ADDRESS 065-67 GLENDALE ST.			
CITY/TOWN: EASTHAMPTON	STATE: MA	ZIP CODE:	01027
MANAGER: INGRAHAM, TYI PAUL LEON	PE OF LICENSE: Rest	caurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	<u></u>
DESCRIPTION OF LICENSED PREMIS	SES:		
54'X 76' BLDG. W/ BAR LOCATED ON SIDE. 2 ENTRANCES LOCATED IN F			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	· =	=	
2. the licensee has complied with		_	taxes; and
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual Partner	or Authorized Corpor	rate Officer	
marviduu, 1 uruol	of Humorized Corpor	ate officer	
DATE: TELEBRION	IE NUMBER:	FMPI OYER	IDENTIFICATION NUMBER:
IELEPHON	E NUMBER:		ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departm	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUI	MBER: 036600010		CITY OR TOW	'N EASTHAN	APTON
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: HI-TONE PI	ZZA LLC			
DOING BUSI	NESS A COCO AN	D THE CELLAR BAR			
ADDRESS 93-	-95 main street				
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER:	ABKIN, UNMI	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
		OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
	N OF LICENSED PI				
		& KITCHEN AREA BA DING BATHROOM & F			G AREA
		nalties of perjury that:			
•	-	be of the same type for t	he same premises n	ow licensed;	
2. the	licensee has complie	d with all laws of the Co	mmonwealth relatin	ig to taxes; and	
3. the	premises are now op	en for business (If not ex	plain below)		
SIGNED BY	Individual P	Partner or Authorized Co	norate Officer		
	mar radai, 1	artifer of Flathorized Co.	portate officer		
DATE:	TELEI	PHONE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) ing inspector and the he ate of liquor liability in	ead of the fire depa	artment for the	above
Please Check Belo	ow:		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disapproved					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUN	MBER: 036600011		CITY	OR TOWN	EASTHAM	IPTON
APPLICATION	N FOR RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NA	ME: POLISH PULA	ASKI CLUB OF E	ASHAMPTON	1		
DOING BUSIN	VESS A					
ADDRESS 79 1	MAPLE ST.					
CITY/TOWN:	EASTHAMPTON	STATE:	MA ZII	P CODE:	01027	
MANAGER:	Kuchyt, Stanley E.	TYPE OF LICEN	SE:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADDF	RESS		
	N OF LICENSED PRE					
	SED AS BAR,POOL D MEETING ROOM			ST FLOOR	AS A DANC	E HALL,
I hereby certify	and swear under pena	lties of perjury tha	t:			
	renewed license will be	* *	-			
	icensee has complied			_	taxes; and	
3. the p	premises are now open	for business (If no	ot explain belo	w)		
SIGNED BY						
SIGNED BT	Individual, Par	rtner or Authorized	Corporate Of	ficer		
DATE:	TELEPH	HONE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			(1)	Note: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, s named license	signed, attest that we signed by the building and (2) the certificat	g inspector and th	e head of the	fire departr	nent for the	above
of 2010.						
Please Check Below	<u>w:</u>		LOC	AL LICENS	ING AUTHO	ORITY
APPROVED:	D		By:			
DISAPPROVE (If disapproved						
,	. P/					
			_			
DATE:						
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING	G THE MONTH OF	NOVEMBER (M	.G.L. Ch. 138 \$ 16	(A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 036600012		CITY OR TOWN	I EASTHAM	IPTON
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	IE: TAVERN ON THE				
	SS A TAVERN ON TH	E HILL			
ADDRESS 100 N	MOUNTAIN ROAD				
CITY/TOWN: E	EASTHAMPTON	STATE: M.	A ZIP CODE:	01027	
MANAGER: C	OOPER, JAMES TYP	E OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION (OF LICENSED PREMIS	ES:			
	AND PORCH AREA W RANCE AND EXIT IN				
I hereby certify ar	nd swear under penalties	of perjury that:			
1. the ren	newed license will be of the	he same type for	the same premises no	w licensed;	
2. the lice	ensee has complied with	all laws of the Co	mmonwealth relating	to taxes; and	
3. the pre	emises are now open for b	ousiness (If not ex	xplain below)		
SIGNED BY			5.27		
	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	ER IDENTIFICAT	ION NUMBER:
	12221101	31,0112211	(Note: NOT I	ndividual Social So	ecurity Number)
Acts of 2004, sig	gned, attest that we are indeed by the building inspired (2) the certificate of 1	pector and the h	ead of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(11 disappioved ex	Apiaili)				
			_		
DATE:					



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LICENSE NUMBE	R: 036600013		CITY OR TOWN	N EASTHAN	IPTON
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: ADAMO'S INC.				
DOING BUSINESS	S A ADAMO'S				
ADDRESS 126 NO	ORTHAMPTON ST.				
CITY/TOWN: EA	STHAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: AD	AMOS, SARA K.TYP	'E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
	F LICENSED PREMIS				
FIRST FLOOR IS I REAR; STORAGE	RETAIL SPACE, CON IN BASEMENT.	ISISTING OF 2 EN	NTRANCE/EXITS	IN FRONT AN	ND
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of t	the same type for th	e same premises no	w licensed;	
2. the licen	see has complied with	all laws of the Com	nmonwealth relating	to taxes; and	
3. the prem	nises are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEDIAN	E MIMDED.	EMPI OV	ER IDENTIFICAT	ION NUMBER:
211121	TELEPHON	E NUMBER:		ndividual Social S	
	ed, attest that we are ed by the building ins				
	l (2) the certificate of				
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	1				
(If disapproved exp	1a111 <i>)</i>				
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 03	6600015		CITY OR TOWN	EASTHAN	IPTON
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: AF	POLLO GRILL, I	INC.			
DOING BUSINESS A A	APOLLO GRILL				
ADDRESS 116 PLEASA	ANT ST				
CITY/TOWN: EASTH	AMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: DOUGLA	ASS, JOHN TYP	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE					
APPROX 4750 S/F. RES WITH 2 EXTERIOR DC		THE GROUND FI	LOOR OF EASTWO	RKS BUILDI	ING
I hereby certify and swea	r under penalties	of perjury that:			
1. the renewed li	cense will be of	the same type for th	e same premises now	licensed;	
2. the licensee ha	as complied with	all laws of the Con	nmonwealth relating t	to taxes; and	
3. the premises a	are now open for	business (If not exp	lain below)		
SIGNED BY					
In	dividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	spector and the hea	ad of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMI	BER: 036600016		CITY OR TOWN	EASTHAM	PTON
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
	ME: Harrilee, LLC ESS A PETER PAN CAF	E			
	EASTHAMPTON	STATE: MA	ZIP CODE:	01027	
		E OF LICENSE: R		ATEGORY:	All Alcohol
EMAIL ADDRE	,				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISI	ES:			
THREE ROOMS	S AND KITCHEN ON FIR	RST FLOOR. STO	RAGE IN CELLAR		
I hereby certify a	nd swear under penalties of	of perjury that:			
	newed license will be of the		=		
	censee has complied with a		_	taxes; and	
3. the pr	emises are now open for b	usiness (If not exp	olain below)		
SIGNED BY	Individual, Partner o	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Acts of 2004, sig	gned, attest that we are i gned by the building insp and (2) the certificate of l	pector and the hea	ad of the fire departr	nent for the	above
Please Check Below:	<u>:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED	<u> </u>				
(If disapproved e	Apiaiii)				
					_
DATE:					
APPLICATION FOR RI	ENEWAL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16.	A)



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LICENSE NU	MBER: 036600018		CITY OR TOWN EA	STHAMPTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSI	NESS A	UB OF EASTHAMPTON	N INC., THE	
	00-92 PLEASANT ST		GD G055 01	
CITY/TOWN:	: EASTHAMPTON	STATE: MA	ZIP CODE: 01	1027
MANAGER:	WERNIK, SIGMOND	TYPE OF LICENSE: Re	estaurant CATE	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PR			
THREE ROOM IN THE BASE		OR. FOUR ROOMS ON T	THE SECOND FLOOR A	ND ONE ROOM
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now lice	nsed;
2. the	licensee has complied	d with all laws of the Com	monwealth relating to tax	es; and
3. the	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
			(Note: NOT Individu	al Social Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) the distribution of the heat ate of liquor liability instance.	nd of the fire department	t for the above
Please Check Bel	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
OISAPPROVI (If disapprove				
			-	
DATE:				
DATE.				



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LICENSE NUM	BER: 036600019		CITY OR TOWN	I EASTHAN	IPTON
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAI	ME: PASCOMMUCK C	LUB, INC.			
ADDRESS 44 U	JNION ST.				
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER:	SARAFIN, ERIC S TYP	E OF LICENSE:	Club (CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMIS	ES:			
	ON FIRST FLOOR AND		OND FLOOR. STOR	AGE IN CEL	LAR
	and swear under penalties				
	enewed license will be of t	• •	-		
	censee has complied with remises are now open for		•	to taxes; and	
5. the pl	remises are now open for	busiliess (II liot ex	piani below)		
SIGNED BY	Individual, Partner	or Authorized Cor	rporate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, si	igned, attest that we are gned by the building ins and (2) the certificate of	pector and the he	ead of the fire depar	tment for the	above
Please Check Below	<u>/:</u>		LOCAL LICEN	SING AUTH	ORITY
APPROVED: [By:		
DISAPPROVEI (If disapproved of					
(11 disapproved (mp.miii)				
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED BY LI	CENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUN	MBER: 036600020		CITY OR TOWN	I EASTHAN	APTON	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NA	AME: GUS PAPA					
DOING BUSIN	NESS A VILLAGE PIZ	ZZA				
ADDRESS 100	UNION ST.					
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE:	01027		
MANAGER:	PAPA, GUS	ΓΥΡΕ OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
DESCRIPTION	N OF LICENSED PREI	MISES:				
FIRST FLOOR	R. STORAGE IN REAR	t .				
I hereby certify	and swear under penal	ties of perjury that:				
1. the 1	renewed license will be	of the same type for th	e same premises no	w licensed;		
2. the l	licensee has complied v	vith all laws of the Com	nmonwealth relating	to taxes; and		
3. the 1	premises are now open	for business (If not exp	lain below)			
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer			
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT		
Acts of 2004,	signed, attest that we signed by the building and (2) the certificate	inspector and the hea	ad of the fire depar	rtment for the	above	
Please Check Belo	ow:		LOCAL LICEN	SING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:			<u>-</u>			
APPLICATION FOR	RENEWAL MUST BE FILED B	BY LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1)	6A)	
OIC				,	- ,	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 036600024		CITY OR TOWN	EASTHAM	IPTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: CASEY'S BIG D	OG SALOON LLC			
DOING BUSINESS A CASEY'S BIG I	DOG SALOON			
ADDRESS 40 1/2 HOLYOKE ST.				
CITY/TOWN: EASTHAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: Fusco, Lisa L TY	YPE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
bar room,back room,kitchen,restrooms at I hereby certify and swear under penaltic 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for SIGNED BY	all on first floor.baser es of perjury that: If the same type for the th all laws of the Con	nent area and walk-in e same premises now nmonwealth relating to plain below)	licensed;	
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the he	ad of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	30000025		CITY OR TO	WN EASTHAI	VIPTON
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: J. DOING BUSINESS A	JIM'S PACKAGE S	STORE			
ADDRESS 49 COTTA	GE STREET				
CITY/TOWN: EASTI	HAMPTON	STATE: M	A ZIP COD	E: 01027	
MANAGER: PATEL	, HARNISH TYPE	E OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE FOUR ROOMS ON FII		ES:		49 COTTAGE S	T, REAR
TO PARKING LOT, SI STORAGE ON FIRST			SERVICE ENTR	ANCE WINDOV	V WITH
2. the licensee	license will be of the has complied with a are now open for b	e same type for ll laws of the Co	ommonwealth relat		
SIGNED BY	ndividual, Partner o	r Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 036600027		CITY OR TOWN EAS	BIHAMPION
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
	AME: THREE ZS,ING NESS A FERRY STRE			
ADDRESS 64	FERRY ST			
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE: 010)27
MANAGER:	ZYGMONT, ALFRED	ГҮРЕ OF LICENSE:Pa	ckage Store CATEG	GORY: All Alcohol
EMAIL ADDR	RESS:	_		
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
ONE ROOM (ON FIRST FLOOR. ST	ORAGE IN CELLAR		
	premises are now open	for business (If not expl		., and
DATE:	TELEPH	ONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 036600028		CITY OR TOWN EASTHAMPTON			
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NA	AME: OCPS,INC					
DOING BUSIN	NESS A OLD COLO	NY PKG STORE				
ADDRESS 328	8-30 MAIN ST					
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE:	01027		
MANAGER:	GAWLE, EDWARD J	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol		
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION	N OF LICENSED PR	EMISES:				
	WITH PACKAGE STORE AND REAR OF	TORE LOCATED ON FII PREMISES.	RST FLOOR AND	STORAGE IN		
2. the	licensee has complied	be of the same type for the with all laws of the Comm n for business (If not expla	nonwealth relating to			
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer			
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Belo APPROVED:	ow:			ING AUTHORITY		
DISAPPROVED.	ED:		By:			
(If disapproved	<u> </u>					
DATE:						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 030000029		CITY OR TOWN EA	STHAMPTON	
APPLICATIO:	N FOR RENEWAL:	Annual	Annual LICENSED FOR 20		
		CLASS		YEAR	
DOING BUSI	AME: ALL STAR I	ARMS			
	8 NORTHAMPTON				
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE: 01	027	
MANAGER:	SAWYER, RUSSELL	TYPE OF LICENSE: Pa	ackage Store CATEO	GORY: Wine and Malt Regular	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PR	REMISES:			
ON ONE FLO	OR. ENTRANCE OF	N NORTHAMPTON ST	AND FLORENCE RD.		
	premises are now ope	en for business (If not exp			
DATE:	TELEF	PHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)	
Please Check Belo	DW:		LOCAL LICENSING By:	AUTHORITY	
DISAPPROVE					
(If disapproved	d explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	030000032		CITY OR TOWN	(EASITAN	APTON	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	2013	
		CLASS			YEAR	
LICENSEE NAME:	DAVID E. PASCO)				
DOING BUSINESS A	A UNION PACKAC	GE STORE				
ADDRESS 68 UNIO	N STREET					
CITY/TOWN: EAST	THAMPTON	STATE: MA	ZIP CODE:	01027		
MANAGER: PASC	OE, DAVID TYP	PE OF LICENSE: Pac	ekage Store (CATEGORY:	All Alcohol	
EMAIL ADDRESS:	-	-				
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF L						
SALES AND STORA	GE ON ENTIRE F	IRST FLOOR. STOP	RAGE IN CELLAI	₹		
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type for the	same premises no	w licensed;		
2. the license	e has complied with	all laws of the Comr	nonwealth relating	to taxes; and		
3. the premise	es are now open for	business (If not expla	ain below)			
SIGNED BY						
5101,55 51	Individual, Partner	or Authorized Corpo	orate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOYI	ER IDENTIFICAT	TION NUMBER:	
			(Note: NOT I	ndividual Social S	Security Number)	
Please Check Below:			LOCAL LICEN	IGDIG AUTH	ODJEN	
APPROVED:			LOCAL LICEN	ISING AUTH	ORITY	
DISAPPROVED:			By:			
(If disapproved explain	 n)					
(Table 1 and 1 an	,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 036600033		CITY OR TOWN EASTF	IAMPTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA DOING BUSI ADDRESS 11		LAND,INC		
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE: 01027	
MANAGER:	SUPERSON, T MICHAEL E.	YPE OF LICENSE: Pac	kage Store CATEGOR	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED PREM STORAGE ON FIRST F			
2. the	licensee has complied w premises are now open to	ith all laws of the Comr		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Soci	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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LICENSE NUM	IBER: 036600036		CITY OR TOWN	EASTHAN	APTON	
APPLICATION FOR RENEWAL: Annual			LICENS	LICENSED FOR 2013		
		CLASS			YEAR	
DOING BUSIN	ME: EASTHAMPTO ESS A UNION STREET	N DINER RESTAURA	ANT,INC.			
	EASTHAMPTON	STATE: MA	ZIP CODE:	01027		
MANAGER:		YPE OF LICENSE:Re		ATEGORY:	Wine and Malt Regular	
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_	
	OF LICENSED PREM					
	RANCE/EXIT ON UNI STORAGE NEXT TO		ARKING LOT ON S	DE WITH T	ΓHREE	
	and swear under penalti					
1. the re	enewed license will be o	of the same type for the	e same premises now	licensed;		
2. the li	censee has complied wi	th all laws of the Com	monwealth relating to	taxes; and		
3. the pr	remises are now open for	or business (If not expl	ain below)			
SIGNED BY						
	Individual, Partn	er or Authorized Corp	orate Officer			
DATE						
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER:	
			(1000. <u>1401</u> mg.	Widdai Sociai S	decurity (variiber)	
Acts of 2004, si	igned, attest that we a igned by the building i and (2) the certificate	nspector and the hea	d of the fire departn	nent for the	above	
Please Check Below	<u>/:</u>		LOCAL LICENS	ING AUTHO	ORITY	
APPROVED: [By:			
DISAPPROVEI						
(If disapproved of	onpiaiii)					
DATE:			-			



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LICENSE NU	MBER: 036600041		CITY OR TOWN EASTH	AMPTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	₹ 2013
		CLASS		YEAR
LICENSEE N	AME: THE LOG CA	ABIN BANQUET & MEE	TING HOUSE, INC.	
DOING BUSI	NESS A			
ADDRESS 50	0 EASTHAMPTON I	ROAD		
CITY/TOWN:	: EASTHAMPTON	STATE: MA	ZIP CODE: 01027	
MANAGER:	ROSSKOTHEN, PETER	TYPE OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PR			
			IVATE PARTIES. WITH O'YOKE AND EASTHAMPTO	
	y and swear under pen			
1. the	renewed license will b	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comr	nonwealth relating to taxes; a	nd
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIE	
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Ch I of the fire department for rance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 030000042		CITY OR TOW	N EASTHAN	APTON	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013	
		CLASS	ASS YEAR			
LICENSEE NAME: DOING BUSINESS A ADDRESS 78-82 CO	A AMY'S PLACE	NC.				
CITY/TOWN: EAST		STATE: MA	ZIP CODE	01027		
MANAGER: FLOR		PE OF LICENSE: R		CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF L THREE ROOMS ON	ICENSED PREMI					
2. the license	e has complied with es are now open for	the same type for the nall laws of the Conbusiness (If not exp	nmonwealth relatin			
	Individual, Partnei	r or Authorized Corp	oorate Officer			
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT		
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the he	ad of the fire dep	artment for the	above	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY	
(If disapproved explai	iii <i>)</i>					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:036600047		CITY OR TOWN	EASTHAM	IPTON
APPLICATION FOR	RENEWAL:	Annual	nual LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	EASTHAMPT	ON VARIETY,INC.			
DOING BUSINESS A	A GERRY'S VA	ARIETY			
ADDRESS 139 PLEA	ASANT STREE	Т			
CITY/TOWN: EAST	ГНАМРТОМ	STATE: MA	ZIP CODE:	01027	
MANAGER: PATE	L,NARESH	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					1
P	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRE	EMISES:			
SINGLE STORY CO EXIT ON SIDE.	NVENIENCE S	STORE, ENTRANCES	AND EXITS FRONT	ON STREE	T AND
	es are now open	with all laws of the Com for business (If not exp there or Authorized Corp	lain below)	taxes, and	
	marviduai, r ai	ther of Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBER	: 036600049		CITY OR TOWN	EASTHAM	IPTON
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013		013
		CLASS			YEAR
LICENSEE NAME:	J & P,INC.				
DOING BUSINESS	A PAPA GEORGE I	PIZZA			
ADDRESS 135 D NO	ORTHAMPTON STE	REET			
CITY/TOWN: EAS	THAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: TSIS	KAKIS,JOHN TYP	E OF LICENSE: R	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:			
2100 SQ. FT. ESTAI REST. PREDOMINA EAT-IN AND DELI	ATELY PIZZA,WITI	H BOTH FRONT			
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of the	he same type for the	ne same premises now	licensed;	
2. the license	ee has complied with	all laws of the Cor	nmonwealth relating t	to taxes; and	
3. the premis	ses are now open for b	ousiness (If not exp	plain below)		
SIGNED BY	T 11 1 1 1 D		O SC		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE					
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT dividual Social S	
			(11010. <u>1101</u> III	arviduai 50ciai 5	ceurity (valider)
Acts of 2004, signed	by the building ins	pector and the he	the certificate requir ad of the fire depart surance required by	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	 •				
(If disapproved expla	ın)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 036600050		CITY OR TOWN	EASTHAM	IPTON
APPLICATION FOR RENEWAL: Annual LICE		LICEN	CENSED FOR 2013		
		CLASS			YEAR
DOING BUSINESS		E,LLC			
ADDRESS 116 PLE					
CITY/TOWN: EAS	STHAMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: BUN L.	DY,WILLIAM TYPE (eneral on Caremise	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		EMAIL ADDRESS		
	LICENSED PREMISES FT. EVENT SPACE LO		HE FIRST FLOOR O	F 116 PLEA	SANT ST
2. the licens	yed license will be of the see has complied with all ses are now open for bus	laws of the Consiness (If not exp	nmonwealth relating to		
	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER:
Acts of 2004, signe	d, attest that we are in d by the building inspec (2) the certificate of liq	ctor and the he	he certificate requir ad of the fire depart	ed by Chapto ment for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 036600051		CITY OR TOWN	EASTHAMPTON
APPLICATION FOR RENEWAL:		Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: HOLLY BART	ON-LOPEZ		
DOING BUSINI	ESS A LA CASITSA	AZTECA		
ADDRESS 58 C	CPTTAGE STREET			
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE:	01027
MANAGER: I	BARTON-LOPEZ	TYPE OF LICENSE: Res	staurant CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRE	ESS:			
		R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRE			
OFFICE AREA		IING AREA FOR 20,KI ETE PATIO & WALKV OCKS.		
I hereby certify a	and swear under penal	ties of perjury that:		
1. the re	enewed license will be	of the same type for the	same premises now	licensed;
2. the lie	censee has complied v	vith all laws of the Comr	nonwealth relating to	taxes; and
3. the pr	remises are now open	for business (If not explain	ain below)	
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, si	gned by the building	inspector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved e	expiain)			
DATE:				



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LICENSE NUMBER: 030	6600052		CITY OR TOWN	I EASTHAN	APTON
APPLICATION FOR RE	NEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: AR	RT BAR CAFÉ INC.				
DOING BUSINESS A A	ART BAR CAFÉ				
ADDRESS 1 NORTHAN	MPTON STREET				
CITY/TOWN: EASTHA	AMPTON	STATE: MA	ZIP CODE:	01027	
MANAGER: HOOD, V	ALERIE TYPE O	F LICENSE: Rest	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:				
ENTIRE BUILDING INC	CLUDING GROUNI	OS, WITH THE I	EXCEPTION OF	THE PARKIN	NG LOT
I hereby certify and swear	r under penalties of p	erjury that:			
1. the renewed li	cense will be of the s	ame type for the	same premises nov	w licensed;	
2. the licensee ha	as complied with all l	aws of the Comm	onwealth relating	to taxes; and	
3. the premises a	re now open for busi	ness (If not expla	in below)		
SIGNED BY					
Inc	dividual, Partner or A	authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, at	toot that we are in n	oggoggion (1) the	contificate requi	nad by Chant	on 201 of the
Acts of 2004, signed by					
named license and (2) the	_ _		•		
of 2010.					
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL M	JUST BE FILED BY LICENS	SEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 036600054		CITY OR TOWN	N EASTHAN	IPTON
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CRAFTYWH	AT INC.			
DOING BUSINESS	A TRUBEER				
ADDRESS 24-26 No	ORTHAMPTO	N STREET			
CITY/TOWN: EAS	THAMPTON	STATE: MA	ZIP CODE:	01027	
	UDIS, IUEL G.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
OFFICE SPACE AN	ID 283 SQ FT C	SERVICE702 SQ FT OF COLD STORAGE CONDARY ENTRANC	MAIN ENTRANCE	E AND EXIT O	N THE
I hereby certify and s	wear under pen	alties of perjury that:			
1. the renew	ed license will b	e of the same type for the	ne same premises no	w licensed;	
2. the licens	ee has complied	with all laws of the Con	nmonwealth relating	to taxes; and	
3. the premi	ses are now ope	n for business (If not exp	plain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 03660005/		CITY OR TOV	VN EASITAN	MPTON
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
DOING BUSIN	AME: SUN BOUNDI NESS A PLEASANT	VARIETY			
ADDRESS 42	PLEASANT STREET				
CITY/TOWN:	EASTHAMPTON	STATE: MA	ZIP CODE	: 01027	
MANAGER:	VARADY, RICHARD A.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PRE				
		OLER FOR STORAGE ER IN THE REAR FOR			
2. the	licensee has complied premises are now open	e of the same type for the with all laws of the Conn for business (If not expertner or Authorized Corp	nmonwealth relation		
DATE:	TELEPH	IONE NUMBER:		YER IDENTIFICATION IN THE PROPERTY OF THE PROP	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	03000000		CITY OR IC	WN EASTHAL	WIPTON
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	GLORY OF INDIA	, INC			
DOING BUSINESS A	GLORY OF INDIA	A			
ADDRESS 29 UNION	N STREET				
CITY/TOWN: EAST	HAMPTON	STATE: MA	ZIP COD	DE: 01027	
MANAGER: SANG	AR, ANUP TYPI	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EN	AAIL ADDRESS		_
DESCRIPTION OF L					
A ONE STORY BRIC AND A REAR EXIT/I					
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	d license will be of th	ne same type for the	same premises	s now licensed;	
2. the licensee	e has complied with a	all laws of the Comm	nonwealth rela	ting to taxes; and	
3. the premise	es are now open for b	usiness (If not expla	in below)		
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	ENUMBER:	EMPI	LOYER IDENTIFICA	TION NUMBER:
	12221101(2	, 1, 01, 12, 21, 0	(Note: <u>N(</u>	OT Individual Social	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the head	l of the fire de	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
			-		
DATE:					



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LICENSE NU	MBER: 03660058		CITY OR TOWN EASTHA	MPTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: LUTHIER'S CO	O-OP LLC		
DOING BUSI	NESS A			
ADDRESS 10	08 COTTAGE STREET			
CITY/TOWN	: EASTHAMPTON	STATE: MA	ZIP CODE: 01027	
MANAGER:	BAER, STEVEN T RICHARD	TYPE OF LICENSE: Gen pren		Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREM			
SHOWROOM ENDS	I IS RECTANGULAR2	0X50WITH ACCESSI	BLE ENTRANCES/EXITS OI	N BOTH
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the s	same premises now licensed;	
2. the	licensee has complied w	rith all laws of the Comm	onwealth relating to taxes; and	
3. the	premises are now open i	for business (If not explain	in below)	
SIGNED BY				
	Individual, Parti	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(Note: NOT marvidual Social	Security Number)
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
OIS APPROVI				
(If disapprove	u capiani)			
			-	
DATE:				